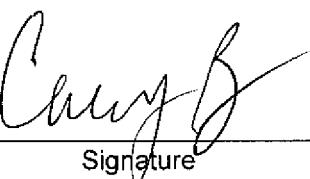


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q966670	
FY 2009		Confirmation Number 8971	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 10/594,040		Filing Date September 25, 2006	
For THROUGH WIRING BOARD AND METHOD OF MANUFACTURING THE SAME			
Art Unit 2894		Examiner Name Andres R. Munoz	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
Request	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	\$
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	\$490.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.			
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,766</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p><input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____</p>			
<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>			
 <u>Signature</u>		<u>February 23, 2011</u> <u>Date</u>	
<u>Carl J. Pellegrini</u> <small>Typed or printed name</small>		<u>(202) 293-7060</u> <small>Telephone Number</small>	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			